U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E AUG152006	
1. File Number U - 738/	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name IASON L. JENKINS	Name 7.8.5. w.
	Labor Organization File Number 246 041-617
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 117 LOVERS LANE	Street 626 N. 44h Street
City STEUBENVILLE	City STEUBENUILLE
State OHIO ZIP Code +4 43953	State OHIO ZIP Code +4 43952
5. Position in labor organization.  RECORDING SECROTORY	
monefary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	7.5.0
Street	7.b. Amount.
City	
State ZIP Code + 4	f Accounting
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Janes L. Juhi	On 7-7-05 740 - 317 - 1975  Date Telephone Number
	Date Feliphone Number